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MANAGER’S STATEMENT



FORM REQUIRED: For any application to add a manager to a site with an active or pending license that requires fingerprint review.

INSTRUCTIONS: Provide the requested information below. This form must be signed by the manager and **notarized** at the bottom. All managers must provide a copy of their government-issued photo identification; all managers of liquor establishments must also provide proof of **BASSET certification**. This form must be accompanied by a letter, signed by an officer listed on the account, stating the appointment of the individual, listed on this form, as a site manager. This letter should be on company letterhead (when possible) and be accompanied by a photocopy of the signing officer’s government-issued photo identification.

PERSONAL INFORMATION PROVIDE THE FOLLOWING PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		MAIDEN NAME		SUFFIX
CURRENT RESIDENTIAL STREET ADDRESS				APARTMENT	CITY		STATE	ZIP CODE
HOME PHONE ( )		WORK PHONE ( )		CELLULAR PHONE ( )		EMAIL ADDRESS		
SOCIAL SECURITY NUMBER - -		PLACE OF BIRTH		AGE:	DATE OF BIRTH / /		TITLE <input type="checkbox"/> MANAGER <input type="checkbox"/> REPRESENTATIVE	
HEIGHT ft. in.	WEIGHT LBS.	HAIR COLOR	EYE COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DRIVER’S LICENSE/STATE ID NUMBER		
HAVE YOU EVER BEEN FINGERPRINTED FOR A CHICAGO BUSINESS LICENSE? ►					<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, YEAR OF PRINTING ►	

BUSINESS INFORMATION PROVIDE THE FOLLOWING INFORMATION ABOUT THE ESTABLISHMENT YOU WILL BE REPRESENTING

BUSINESS ACCOUNT # / SITE		BUSINESS LEGAL NAME		ESTABLISHMENT’S “DOING BUSINESS AS” NAME				
BUSINESS LOCATION ADDRESS				SUITE	CITY		STATE	ZIP CODE
NAME OF PERSON WHO APPOINTED YOU			PERSON’S TITLE			CONTACT PHONE ( )		DATE APPOINTED / /
WERE YOU APPOINTED BY A BOARD OF DIRECTORS OR TRUSTEES? ►					<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, RESOLUTION DATE ►	

EMPLOYMENT HISTORY PROVIDE YOUR EMPLOYMENT HISTORY FOR THE **PAST 5 YEARS** (INCLUDE AN ATTACHMENT, IF NECESSARY)

EMPLOYER NAME (MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER’S PHONE ( )		
EMPLOYER’S STREET ADDRESS			SUITE	CITY			STATE	ZIP CODE
JOB TITLE		TYPE OF WORK			EMPLOYED FROM / /		EMPLOYED TO / /	
EMPLOYER NAME (SECOND MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER’S PHONE ( )		
EMPLOYER’S STREET ADDRESS			SUITE	CITY			STATE	ZIP CODE
JOB TITLE		TYPE OF WORK			EMPLOYED FROM / /		EMPLOYED TO / /	
DOES THE INFORMATION LISTED ABOVE REPRESENT YOUR LAST 5 YEARS OF EMPLOYMENT HISTORY?					<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PLEASE ATTACH A COMPLETE LISTING.	

PROHIBITED OFFENSES REVIEW THE FOLLOWING CRIMINAL OFFENSES THAT MAY EFFECT YOUR MANAGERIAL ELIGIBILITY

1. Any felony under federal or state law; 2. Keeping a house of prostitution; 3. Any violation of federal or state law concerning the manufacture, possession or sale of alcoholic liquor, or the forfeiture of bond to appear in court to answer charges for any such violation; 4. Any violation of federal or state law concerning the manufacture, possession or sale of cannabis, narcotics or other controlled substances, or the forfeiture of bond to appear in court to answer charges for such violation, or any other misdemeanor offense involving drugs or narcotics;	5. Any gambling offense; 6. Being the sole proprietor, partner, corporate officer, limited liability company member, manager or shareholder owning more than five percent of a revoked business licensee; 7. Cruelty or indifference to the welfare of a child; 8. Any offense specified in Section 4.2 of the Child Care Act of 1969, as amended, which makes the licensee, applicant or director ineligible for a State of Illinois child care facility license; or 9. Any misdemeanor sex offense as defined in Article 11 of the Illinois Criminal Code.
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CRIMINAL HISTORY PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CRIMINAL HISTORY (LIST ALL CONVICTIONS THAT APPLY)

HAVE YOU <b>EVER</b> BEEN CONVICTED OF ANY OF THE ABOVE LISTED CRIMINAL OFFENSES?  <input type="checkbox"/> NO <input type="checkbox"/> YES*	*IF YES, PLEASE LIST OFFENSE (MOST RECENT)	LOCATION (COUNTY ,STATE )	DISPOSITION
	OFFENSE (SECOND MOST RECENT)	LOCATION	DISPOSITION
DOES THE INFORMATION LISTED ABOVE REPRESENT THE ENTIRETY OF YOUR CRIMINAL HISTORY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF NO, PLEASE ATTACH A COMPLETE LISTING.	

ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Signature of Manager Applicant

Date

Subscribed and sworn to before me this Day of 20

Notary Public in and for said County and State

(PLACE SEAL HERE)